



OREGON LIQUOR & CANNABIS COMMISSION

Local Government Recommendation – Liquor License

Per OAR 845-005-0304(3): The Commission requires an applicant for issuance of a new license issued under ORS chapter 471, to provide written notice of the application to the local government in the form of a complete, accurate, and legible Commission form.

The local government is as follows:

- (a) If the address of the premises proposed to be licensed is within a city's limits, the local government is the city.
- (b) If the address of the premises proposed to be licensed is not within a city's limits, the local government is the county.

INSTRUCTIONS:

Step 1: Applicant completes all of Section 1 (including top of Page 2).

Step 2: Applicant submits both pages of the form to the appropriate local government. NOTE: The local government may require additional forms and/or fees.

Step 3: Local government completes at least Section 2 and returns all pages of the form, or a copy thereof, to the applicant. The local government is allowed up to 45 days to complete Section 3.

Step 4: Applicant takes the form with at least Sections 1 and 2 completed and includes it with their CAMP application to meet the Local Government Recommendation document requirement. Submissions that do not have at least Sections 1 and 2 completed will not be accepted.

Step 5: The local government issues its final recommendation in Section 3 and returns the completed form to the applicant. If the applicant has already submitted their initial application via CAMP, they hold on to the final recommendation and provide it to their investigator, when requested. If they have not already submitted their application, they upload the fully completed Local Government Recommendation form with their initial application submission.

Applicants within the city of Portland ONLY: After completing the attached form, please follow these steps to complete the Local Government Recommendation process:

- Apply via the [City of Portland website](#).
- Once you have completed the application with the City of Portland, you will receive an email notifying you that your application has been accepted, usually within two business days. The email will contain an attachment titled "ABC Public Notice."
- Upload the ABC Public Notice document with your CAMP application to meet the Local Government Recommendation document requirement.

NOTE: This document only provides proof of submission. Once you receive your final recommendation from the City of Portland, you will need to provide that to your assigned OLCC investigator.



OREGON LIQUOR & CANNABIS COMMISSION
Local Government Recommendation – Liquor License

Annual Liquor License Types

Off-Premises Sales	Brewery-Public House
Limited On-Premises Sales	Brewery
Full On-Premises, Caterer	Distillery
Full On-Premises, Commercial	Grower Sales Privilege
Full On-Premises, For Profit Private Club	Winery
Full On-Premises, Non Profit Private Club	Wholesale Malt Beverage & Wine
Full On-Premises, Other Public Location	Warehouse
Full On-Premises, Public Passenger Carrier	

Section 1 – Submission – To be completed by Applicant:

License Information

Legal Entity/Individual Applicant Name(s): Bozo Foods
Proposed Trade Name: C&D Drive In/ Poppy's Pizza.
Premises Address: 103 N.E. Main St. Unit: _____
City: Boardman County: Morrow Zip: 97818
Application Type: ☒ New License Application ☐ Change of Ownership ☐ Change of Location
License Type: Limited on Premises sales ☐ Additional Location for an Existing License

Application Contact Information

Contact Name: Jennifer Leighton Phone: 541-571-7316
Mailing Address: P.O. Box 725
City: Boardman State: OR. Zip: 97818
Email Address: Leighton650@gmail.com

Business Details

Please check all that apply to your proposed business operations at this location:

- ☐ Manufacturing/Production
☐ Retail Off-Premises Sales
☒ Retail On-Premises Sales & Consumption

If there will be On-Premises Consumption at this location:

- ☒ Indoor Consumption ☐ Outdoor Consumption
☒ Proposing to Allow Minors

Section 1 continued on next page



OREGON LIQUOR & CANNABIS COMMISSION

Local Government Recommendation – Liquor License

Section 1 Continued – Submission - To be completed by Applicant:

Legal Entity/Individual Applicant Name(s):

Proposed Trade Name:

IMPORTANT: You MUST submit this form to the local government PRIOR to submitting to OLCC.
Section 2 must be completed **by the local government** for this form to be accepted with your CAMP application.

Section 2 – Acceptance - To be completed by Local Government:

Local Government Recommendation Proof of Acceptance

After accepting this form, please return a copy to the applicant with received and accepted information

City or County Name:

Optional Date Received Stamp

Date Application Received:

Received by:

Section 3 – Recommendation - To be completed by Local Government:

- ☐ Recommend this license be granted
- ☐ Recommend this license be denied (Please include documentation that meets [OAR 845-005-0308](#))
- ☐ No Recommendation/Neutral

Name of Reviewing Official:

Title:

Date:

Signature:

After providing your recommendation and signature, please return this form to the applicant.




OREGON LIQUOR & CANNABIS COMMISSION FLOOR PLAN

INSTRUCTIONS

1. Your floor plan **MUST** be submitted on the Floor Plan Form below
2. Use a separate Floor Plan Form for each level or floor of the building. The floor plan(s) must show the specific areas of your premises.
3. Label areas i.e. dining area, bar, lounge, lottery, outside patio and sidewalk cafe areas.
4. Food Counters should be labeled as such, and not as a Bar. At a Food Counter, food service/consumption is the predominant activity. At a Bar, alcohol service/consumption is the predominant activity. Please label Food Counters and Bars accordingly.
5. Include all tables and chairs. (See Example below)
6. If you have an outdoor area, please show it in reference to the licensed building.
7. If you have sidewalk seating please contact your local government to see if a permit is required for use.
8. If this is a Food Cart Pod please label the floor plan where the alcohol will be served from, where food will be served, where the seating will be and any other food carts that are in the pod.

Please do not use complex architect drawings as your floor plan, unless they are clearly readable and show all the tables and chairs.

RESTAURANT EXAMPLE

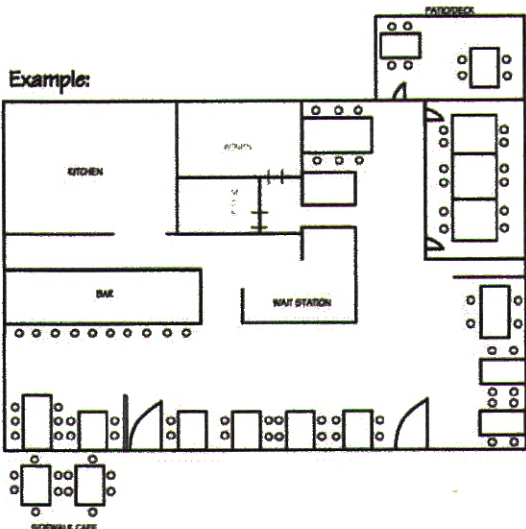
**OREGON LIQUOR & CANNABIS COMMISSION
FLOOR PLAN FORM**

Your floor plan must be submitted on this form

My Restaurant LLC My Restaurant

Applicant Name Trade Name (if any)

Example:




OLCC USE ONLY
MINOR POSTING ASSIGNMENT(S)

Date: _____ Initials: _____

Rev. 02/22

FOOD CART POD EXAMPLE

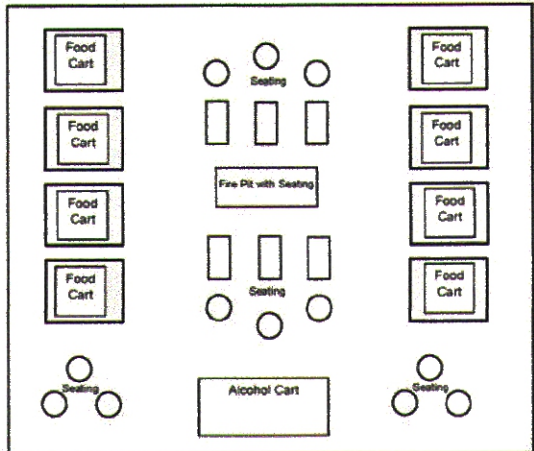
**OREGON LIQUOR & CANNABIS COMMISSION
FLOOR PLAN FORM**

Your floor plan must be submitted on this form

Food Carts LLC Everyday Food Cart Pod

Applicant Name Trade Name (if any)

Fencing around Food Cart Pod Entrance



OLCC USE ONLY
MINOR POSTING ASSIGNMENT(S)

Date: _____ Initials: _____

Rev. 02/22



OREGON LIQUOR & CANNABIS COMMISSION

FLOOR PLAN FORM

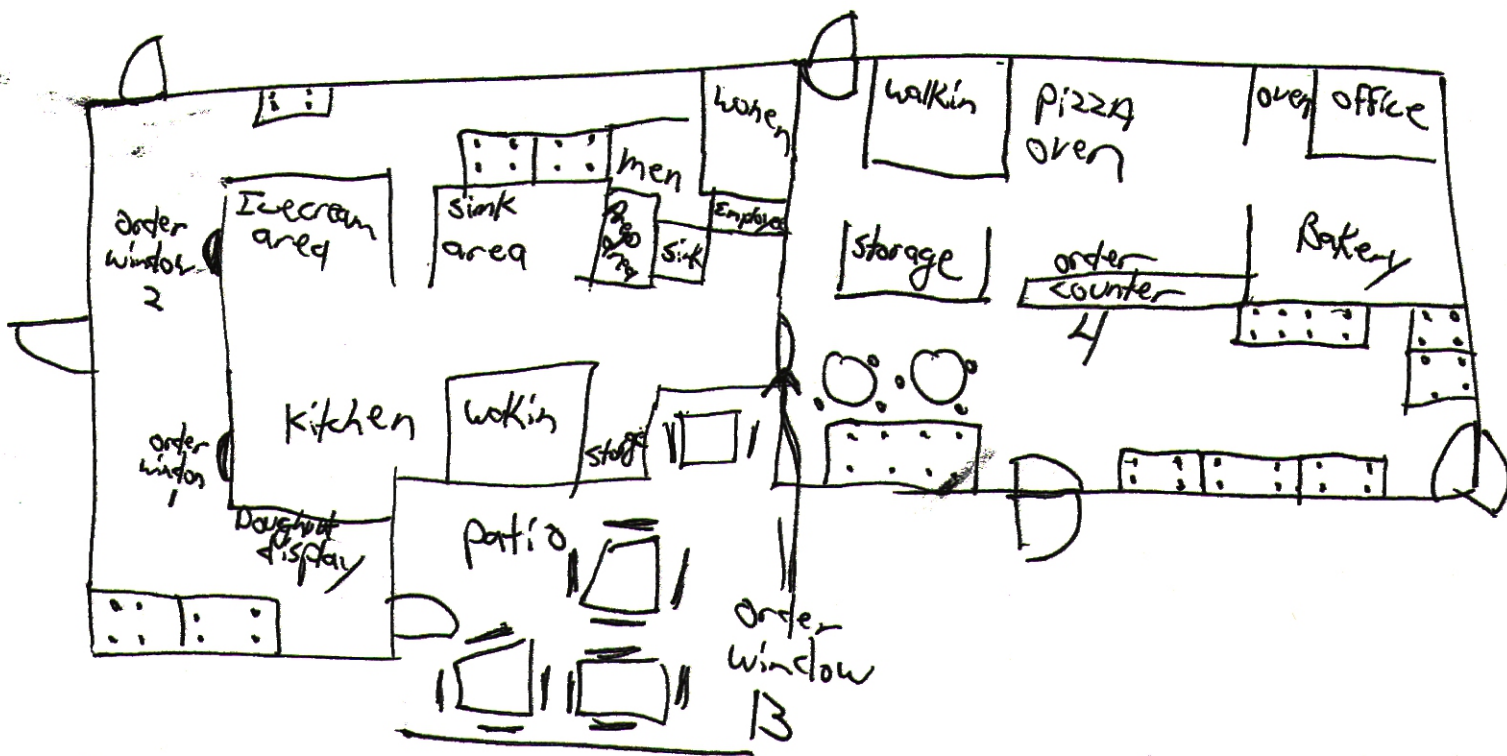
Your floor plan must be submitted on this form

Jennifer Leighton

Applicant Name

Bozo Foods

Trade Name (dba)



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MINOR POSTING ASSIGNMENT(S)

Date: _____ Initials: _____



OREGON LIQUOR & CANNABIS COMMISSION
BUSINESS INFORMATION – LIQUOR LICENSE

Applicant Name	Jennifer Leighton
Trade Name	24D Drive In / Poppy's Pizza
Premises Street Address	103 N.E. main st
License Type	Limited on Premises Sales

Business Contact	Jennifer Leighton
Mailing Address	P.O. Box 725 Boardman OR 97818
Phone Number	541 571 7316
Email Address	JLeighton65@gmail.com

Operating Hours

Day of Week	Open Time	Closed Time	Seasonal Variation	Explanation
Everyday	8am	9pm	Yes <input type="checkbox"/>	

☐ Not open to the public or by appointment only

Seating

Restaurant Seating: 62 Outdoor Seating: 28 Other Seating: _____

☐ No On-Premises Consumption

ENTERTAINMENT

Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Live Music | <input type="checkbox"/> Video Lottery Machines |
| <input type="checkbox"/> Recorded Music | <input type="checkbox"/> Nude Dancing |
| <input type="checkbox"/> DJ Music | <input type="checkbox"/> Live Entertainment |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Minor Entertainers |
| <input type="checkbox"/> Karaoke | <input type="checkbox"/> Minor Entertainers in an Area Prohibited to Minors
**Need prior OLCC approval |
| <input type="checkbox"/> Coin-operated Games | |
| <input type="checkbox"/> Social Gaming | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Pool Tables | |



OREGON LIQUOR & CANNABIS COMMISSION
ENTITY STRUCTURE REQUEST FORM

Application Information:

Applicant Name (Entity)	Entity Type (LLC, Corp, LP, LLP)
Bozo Foods	Choose One
Business Tradename 4D Drive In / Poppys PIZZA	corp.

Limited Liability Company: Please list contact information for all 20% or more members and any managers of the entity below.

Corporation: Please list contact information for all officers, directors with 3% or more voting stock and individuals or entities holding 20% or more of the issued stock below.

*If an entity has 20% or more membership, or owns 20% or more stock in an entity applicant, they must submit an additional form with their entity structure information.

Entity Structure & Contact Information:

Name of Member/Manager, or Officer/Director/Stockholder *	Title	Ownership %	
Jennifer Leighton	Choose One or Type Multiple Title(s)	100 %	
Mailing Address: P.O. Box 725	City: Boardman	State: OR	Zip: 97818
Email: jleighton650@gmail.com	Phone: 541 571 7316		

Name of Member/Manager, or Officer/Director/Stockholder *	Title	Ownership %	
	Choose One or Type Multiple Title(s)		
Mailing Address:	City:	State:	Zip:
Email:	Phone:		

Name of Member/Manager, or Officer/Director/Stockholder *	Title	Ownership %	
	Choose One or Type Multiple Titles		
Mailing Address:	City:	State:	Zip:
Email:	Phone:		

Name of Member/Manager, or Officer/Director/Stockholder *	Title	Ownership %	
	Choose One or Type Multiple Titles		
Mailing Address:	City:	State:	Zip:
Email:	Phone:		

Name of Member/Manager, or Officer/Director/Stockholder *	Title	Ownership %	
	Choose One or Type Multiple Titles		
Mailing Address:	City:	State:	Zip:
Email:	Phone:		

Name of Member/Manager, or Officer/Director/Stockholder *	Title	Ownership %	
	Choose One or Type Multiple Titles		
Mailing Address:	City:	State:	Zip:
Email:	Phone:		

If you need additional space for your entity structure, please attach additional documentation with the membership and contact information of the persons/entities we are requesting.